

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**AVAILABLE COPY**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		2				
8	1					
9	1					
10		1				
11	1					
12	1					
13		1				
14		1				
15		1				
16	1					
17	1					
18		1				
19		2				
20		2				
21	1					
22	1					
23		1				
24		2				
25	1					
26	1					
27		1				
28		2				
29	1					
30	1					
31		1				
32	1					
33	1					
34		1				
35		1				
36	1					
37	1					
38		1				
39	1					
40	1					
41		1				
42		2				
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	21					
TOTAL DEP.	28					
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/756 095**  
APPLICANT(S)

FILING DATE  
**1/8/01**

**CLAIMS**

**BEST AVAILABLE COPY**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1				
4		1				
5		1				
6		1				
7		2				
8						
9						
10		1				
11						
12						
13		1				
14		1				
15		1				
16						
17						
18		1				
19		2				
20		2				
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23		1				
24		2				
25						
26						
27		1				
28		2				
29						
30						
31		1				
32						
33						
34		1				
35		1				
36						
37						
38		1				
39						
40						
41		1				
42		2				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	21					
TOTAL DEP.	28					
TOTAL CLAIMS	49					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						